

Northern Ireland



Medical & Dental Training Agency

BULLYING AND HARASSMENT

GUIDANCE FOR DOCTORS AND DENTISTS IN TRAINING

June 2009

Introduction

The Northern Ireland Medical and Dental Training Agency (NIMDTA) is not prepared to tolerate bullying or harassment within postgraduate medical and dental education. To achieve this aim, the Agency wishes to encourage doctors and dentists in training within the Northern Ireland Deanery to report any incidents of bullying without fear of reprisal or victimisation. Where bullying, harassment or victimisation is found to have occurred NIMDTA will expect appropriate action to be taken. Employers must support employees who report bullying and take all reasonable steps to ensure they are not victimised.

This guidance is aimed at trainees who feel that they are being subject to bullying or are witnessing bullying.

What is harassment?

There is not a single simple definition of harassment. A widely accepted definition is unwanted, offensive, intimidating or threatening conduct which affects the dignity and/or rights of people. It will include any conduct which denigrates or ridicules or is intimidating or physically abusive to an employee because of his or her age, disability, race, religion, political opinion, gender, sexual orientation or marital status. Any form of harassment that interferes with an individual's performance and approach to work is unacceptable.

Harassment may be unlawful and lead to proceedings under the Sex Discrimination (Northern Ireland) Order 1976, the Fair Employment Act 1976 as amended (1989), the Disability Discrimination Act 1995, the Race Relations (Northern Ireland) Order 1997 and the Protection from Harassment Act 1997.

Harassment may take many forms and include:

- Unwanted physical contact including unnecessary touching, patting or pinching.

- Assault
- Unwelcome sexual advances, propositions or pressure for sexual activity.
- Continued suggestions for social activity outside the work place after it has been made clear that such suggestions are unwelcome.
- Derogatory or degrading comments relating to a person's age, disability, race, colour, nationality, ethnic or national origin, religion, belief or political opinion, sex, sexual orientation or marital status.
- Comments which have the effect of isolating or humiliating a person by reason of their age, disability, race, colour, nationality, ethnic or national origin, religion, belief or political opinion, sex, sexual orientation or marital status.
- Offensive suggestive remarks, innuendoes or lewd comments.
- The display or circulation of pictures, objects or written materials which may be suggestive or offensive on grounds of age, disability, race, colour, nationality, ethnic or national origin, religion, belief or political opinion, sex, sexual orientation or marital status.
- Making gestures that mock a person's age, disability, race, colour, nationality, ethnic or national origin, religion, belief or political opinion, sex, sexual orientation or marital status.
- Offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power which is meant to undermine, humiliate or injure the person on the receiving end.

- Behaviour which has the purpose of violating a person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that person.

This list is not exhaustive. It contains illustrative examples of harassing behaviour which may take a wide variety of forms.

What is bullying?

Bullying is where an individual or group abuses a position of power or authority over another person and leaves the victim feeling hurt, vulnerable, angry, or powerless. Bullying includes but is not limited to:

- Aggression, including threats, shouting abuse and obscenities and shouting at people to get work done.
- Persistent humiliation, ridicule or criticism in front of patients, colleagues or alone.
- Malicious rumours.
- Unjustifiably changing areas of responsibility and relegating people to demeaning and inappropriate tasks.
- Deliberately excluding the individual from discussions or decisions.
- Aggressive communication of any form, including electronic communication.

Isolated incidences of such behaviour should not normally be taken as bullying or harassment unless extreme or subsequently repeated.

What is unlawful victimisation?

This occurs where a person is treated less favourably because they have asserted their rights. This may include coming forward with alleged claims themselves or acting as a witness for another individual. An employee should be protected from victimisation for assisting in an investigation or bringing a complaint.

Victimisation includes but is not limited to:

- Refusing reasonable requests such as unjustifiably blocking access to promotion
- Refusing access to training or continuing profession development
- Selecting a person for redundancy without proper justification
- Subjecting a person to unwarranted disciplinary action
- Subjecting a person to any other detriment

Why do people bully?

Bullies can be unhappy and insecure people trying to mask their own fears. In order to feel better and more powerful they identify other people who are perhaps their junior or who they feel threatened by and then bully them.

Bullies can also be people who pride themselves on strong management but take this to an extreme. For example in some competitive environments people wrongly believe that bullying is a way of motivating staff.

Bullies may be people who have themselves been bullied in the past and believe this to be appropriate behaviour. At other times, the bully may not even realise that they are being a bully.

Effects of Bullying and Harassment

Bullying and harassment can have far-reaching consequences for individuals both in and out of work. It can also have a negative impact on those

observing the bullying. Symptoms vary from person to person and may include physical and emotional symptoms such as:

- Sleeplessness
- Lethargy
- Loss of appetite
- Migraines
- Mood swings
- Acute anxiety
- Depression
- De-motivation
- Stress
- Loss of confidence and self-esteem

Individuals that are the victim of bullying or harassment may feel that they are no longer able to cope with the usual pressure of their everyday working life.

Distinguishing constructive supervision from bullying behaviour

Bullying should not be confused with the firmness and oversight that is required to develop a doctor or dentist in training. It is important to distinguish between bullying behaviour, which is always undermining and destructive and effective supervision which is developmental and supportive.

Constructive criticism, adverse performance appraisal or unsatisfactory assessment should not be considered as bullying behaviour provided they are based on evidence and carried out in a way that respects the dignity of the trainee. Tailoring of educational opportunities and clinical responsibilities to the progress of the individual is normal and appropriate, and should only be considered as bullying or harassment if without justification.

The General Medical Council's guidance on "*Good Medical Practice*" and the "*General Dental Council's Standards for Dental Professionals*", set out the

standards of conduct and care which society and the profession expects of all doctors (irrespective of their area of practice) throughout their careers - from medical/dental school onwards. It is explicit about the requirement that doctors and dentists work with colleagues in "*ways that best serve patients' interests*". Doctors and dentists must therefore always treat all colleagues fairly, must not discriminate against colleagues and must not denigrate another doctor or dentist's skills or knowledge in front of patients.

Employer Responsibilities

Employers have a legal duty of care under the Protection from Harassment Act 1997 to ensure that bullying and harassment is not tolerated within the organisation. Employers are required to have in place an appropriate policy under which complaints relating to harassment can be raised and dealt with appropriately and to ensure that their policy is communicated to all employees. Employers have an obligation to ensure that complaints of harassment are investigated and trainees are fully supported during the investigation.

How to deal with bullying and harassment

Informal Stage

If trainees feel that they are being bullied or harassed they should, if they feel able, confront the bully at the earliest opportunity and tell them that they find their behaviour offensive. The trainee may wish for a colleague or a BMA/BDA representative to be present for moral support.

If the trainee feels that confronting the bully could make things worse but still wishes for the matter to be pursued informally they should ask their educational supervisor/programme director or Director of Medical Education to speak to the person concerned on their behalf.

The trainee may also wish to seek the advice and support of the Northern Ireland Medical and Dental Training Agency through their Head of School or speak with the Postgraduate Dean or the Associate Dean for Career and

Personal Development. Where possible the Dean or a nominated deputy will help the trainee to resolve the problem informally through discussion with the parties concerned. Sometimes it may be advisable to remove the trainee from the supervision of the trainer concerned on the grounds that the training relationship has broken down.

The Agency will ensure the provision of pastoral support and counselling. Each Health and Social Care Trust should also have a confidential counselling and advice service, details of which should be available from the Trust's Human Resources Department.

The trainee should keep a record of any instances of bullying or harassment, recording the date, time, place and names of any witnesses and what was said or done. This is necessary should evidence be required at a later date if the bullying or harassment does not stop or reoccurs. A record of any informal action taken should also be kept including the date, and what was said by those involved.

Formal Stage

If the informal stage is unsuccessful the trainee should follow their Employer's Bullying and Harassment Policy and make a formal complaint. The formal complaint should be made in writing, making it clear that it is a formal complaint following the correct procedure. It should provide details of the behaviour which has led to a formal complaint being lodged.

GP Registrars wishing to lodge a formal complaint should submit a written statement to the Director of General Practice Education.

Handling the Complaint

When a trainee makes a complaint to their employing authority it should seek permission from the trainee to inform NIMDTA. The complaint will be investigated by an appropriate manager in accordance with the Employer's Harassment and Bullying Policy.

Where a complaint is made to NIMDTA it will seek the trainee's permission to approach the Trust.

If the complaint is levied against an individual acting as an agent of NIMDTA, eg Head of School, Programme Director, GP/Dental Trainer, the complaint will be investigated in accordance with the Agency's Harassment and Bullying Policy.

The Investigation

The purpose of the investigation is to establish the facts and determine whether harassment or bullying have taken place. The person investigating the complaint will meet with the complainant to clarify and formally record the nature of the complaint and explain the investigation process. The investigating officer will also meet with the alleged harasser to provide him/her with a copy of the complaint and advise the individual of the formal procedure. Both the complainant and the accused will be entitled to be accompanied by a staff representative or work colleague. Each party will have the opportunity to state the facts as they see them and to identify others who can act as witnesses.

The report produced at the end of the investigatory process will include recommendations as to whether the matter should be referred to a formal disciplinary hearing and/or any other appropriate recommendations.

Witness to someone being bullied

If a trainee witnesses another trainee being bullied it is recommended that their support should be offered to the individual concerned if they choose to report the bullying.

If the case is particularly serious the trainee may want to report what they have witnessed to a responsible person such as the educational supervisor, programme director, Director of Medical Education or Postgraduate Dean.

Trainees accused of harassment and bullying

It is important that trainees accused of bullying or harassment have also access to the right help and support. The Northern Ireland Medical and Dental Training Agency, in keeping with its policy on the “*Management of Doctors and Dentists in Difficulty*”, will ensure the provision of pastoral support and counseling.

Any decision to refer the trainee to the National Clinical Assessment Service or the General Medical Council/General Dental Council will be taken jointly by the employing authority and the Agency and the trainee will be kept informed.

Independent Advice

Trainees may wish to seek independent advice from an experienced organisation such as the following:

British Medical Association (www.bma.org.uk/northernireland) is established to look after the professional and personal needs of its members.

British Dental Association (www.bda.org) is the professional association and trade union for dentists in the United Kingdom.

The Andrea Adams Trust (www.andreaadamstrust.org) is a charity committed to helping both the individual and organisation deal with the problem of bullying and harassment.

Bullying UK (www.bullying.co.uk) is the UK National Workplace Bullying Advice Line and is a leading source on bullying and has extensive resources on bullying in the workplace and other related issues.

ACAS (www.acas.org.uk) has a range of experienced advisers who can provide guidance on bullying and harassment. Advice can be obtained through the ACAS national helpline (tel 08457 47 47 47).

